



OFFICE OF THE CITY LICENSE INSPECTOR
320 EAST MCCARTY ST.
JEFFERSON CITY, MO 65101
PHONE: (573)634-6322 FAX: (573)634-6329
EMAIL: DHARTLEY@JEFFCITYMO.ORG

NOT-FOR-PROFIT TEMPORARY LICENSE APPLICATION

REQUIREMENTS:

1. Completed license application.
2. **License must be carried on applicant/persons at all times.**
3. List of all employees basic information on each employee.
4. Proof of 501c(3) status.
5. Insurance certificate for liability insurance, for personal injury (minimum of \$300,000) and property damage (\$100,000).
6. All persons must be 16 years or older and wear a high visibility vest at all times and wear an I.D. badge, provided by the Finance Department.
7. If food items are a part of your wares, you must have signed authorization from the Community Development, Environmental Services Division that you meet the requirements established in the health code.

NOTE: Solicitation shall only take place at intersections of streets with no more than two lanes of travel (excluding turn lanes) where traffic has come to a complete stop and during daylight hours only. Areas where distribution is prohibited: Highway 50, Highway 54, Highway 63, Missouri Blvd., Ellis Blvd., Highway 179 or any intersection thereof. Solicitation may only take place during DAYLIGHT hours.

DATE: _____

APPLICANT OR BUSINESS NAME: _____

APPLICANT OR BUSINESS PERMANENT ADDRESS: _____

APPLICANT OR BUSINESS LOCAL ADDRESS: _____

TEMPORARY LOCATION AND DESCRIPTION: _____

PHONE # _____

EMAIL ADDRESS: _____

APPLICANT DESCRIPTION: (IF A BUSINESS, WE WILL NEED A NAME AND DESCRIPTION OF EACH EMPLOYEE, MORE ROOM ON REVERSE)

MALE OR FEMALE: _____ RACE: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____

TYPE OF GOODS TO BE SOLD OR HANDED OUT: _____

IF THE FUNDS WILL BE GOING TOWARDS A FUNDRAISER/ETC PLEASE DESCRIBE: _____

VEHICLE DESCRIPTION:

YEAR/MAKE/MODEL/COLOR: _____

LICENSE PLATE # _____ DRIVER'S LICENSE # _____

DATE(S) LICENSE NEEDED: _____

EMPLOYEE LISTING (USE REVERSE SIDE OF SHEET IF NEEDED):

EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		RACE: _____	DATE OF BIRTH: _____
HEIGHT: _____		WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		RACE: _____	DATE OF BIRTH: _____
HEIGHT: _____		WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		RACE: _____	DATE OF BIRTH: _____
HEIGHT: _____		WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		RACE: _____	DATE OF BIRTH: _____
HEIGHT: _____		WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		RACE: _____	DATE OF BIRTH: _____
HEIGHT: _____		WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		RACE: _____	DATE OF BIRTH: _____
HEIGHT: _____		WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		RACE: _____	DATE OF BIRTH: _____
HEIGHT: _____		WEIGHT: _____	DRIVER'S LICENSE # _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME OF APPLICANT: _____

APPROVAL SIGNATURES

Interim Director of Finance: _____ Date: _____

Chief of Police _____ Date: _____

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.